



Companies House
for the record

BR6

CHFP000

This form should be completed in black.

This notice must be delivered to the Registrar within 21 days of the alteration being made.

Return of change of person authorised to accept service or to represent the branch of an overseas company or of any change in their particulars

(Pursuant to Schedule 21A, paragraph 7(1) of the Companies Act 1985)

Company number

FC 015267

Branch number

BR 002867

Company name

ALPHA BANK. A.E.

Branch name

(if different to corporate name)

TERMINATION OF AUTHORITY

See overleaf for appointments and change of particulars

Date of termination

Day Month Year

23 07 1999

Position vacated

(Mark appropriate box(es))



Person authorised to accept service on the company's behalf



Person authorised to represent the company at the branch

Complete these details for resignation of any person authorised to accept service or process on the company's behalf or who was authorised to represent the company in relation to the business of the branch.

Name MICHAEL JOHN BAMBER

Address 3 THE SALTINGS

HADLEIGH, BENFLEET

ESSEX SS7 2BD

To whom should Companies House direct any enquiries about the information on this form.

D.W. KEENE

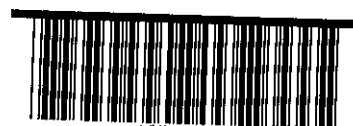
ALPHA BANK, FITZWILLIAM HOUSE

10 ST MARY AXE, LONDON EC3A 8EN

Tel. 020 7648 5040

(02/00)

When completed, this form should be delivered to the address on page 4



A48
COMPANIES HOUSE

A8B4R1M

0586
18/06/01

APPOINTMENT

Persons authorised to represent the company or who may accept service or process

Give the name and address of the person appointed, together with the date of appointment. Mark the box(es) relevant to the appointment. If the appointment is to both positions mark both boxes.

* Delete as appropriate

SCOPE OF AUTHORITY

Give brief particulars of the extent of the powers exercised. (e.g. whether they are limited to powers expressly conferred by the instrument of appointment; or whether they are subject to express limitations.) Where the powers are exercised jointly give the name(s) of the person(s) concerned.

Mark box(es) as appropriate

* Style / Title MR

Forenames CHARLES

Surname WELSH

Address 54 STRATHVILLE ROAD

Post town LONDON

County / Region _____ Postcode SW18 4RB

☐ Is authorised to accept service of process on the company's behalf

* AND/OR

☒ Is authorised to represent the company in relation to that business

Day Month Year

Date of appointment

12 07 1999

The authority to represent the company is :-

Is # ☐ Authorised to accept service of process on the company's behalf

* AND/OR

Is # ☒ Authorised to represent the company in relation to that business

The extent of the authority to represent the company is :- (give details)

BRANCH BUSINESS

These powers :-

☐ May be exercised alone

OR

☒ Must be exercised with :-

(Give name(s) of co-authorised person(s))

1 OTHER OF MR EMMANUEL ZURIDIS

MR ANTHONY POLYCHRONIADIS

MR PETER SWINDEN

MR DAVID KEENE

CHANGE OF PARTICULARS

Mark the appropriate box. If change relates to both positions, mark both boxes.

Change of name

Name previously notified to Companies House

New name

Change of residential address (enter new address)

Change of authority to act

(this part does not apply to a person authorised to accept service on behalf of the company)

Give brief particulars of any change in the authority of the officer to represent the company, including any alteration to the manner in which the existing or new powers may be exercised (e.g. requiring them to be exercised with other persons)

Mark appropriate box

Signature

* Delete as applicable

		Day	Month	Year
Date of change		13	03	2001
<input checked="" type="checkbox"/>	Change of particulars of person authorised to accept service			
<input checked="" type="checkbox"/>	Change of particulars of person authorised to represent the company			
Forenames	EMMANUEL			
Surname	ZURIDIS			
Forenames				
Surname				
Address	5 SMITH TERRACE			
Post town	LONDON			
County / Region			Postcode	SW3 4DL
Country				
The extent of the authority of the above person to represent the company has been altered to :- [give details]				
The powers :-				
#	<input type="checkbox"/>	May be exercised alone		
OR				
#	<input type="checkbox"/>	Must be exercised with : (Give name(s) of co-authorised person(s))		

Signed

A.J. Polychroniadis

D.W. Keene

(direct representative / permanent represent)

Date

15 June 2001

When completed, this form should be delivered to :-

For branches registered in England and Wales

The Registrar of Companies
Companies House
Crown Way
Cardiff
CF14 3UZ

For branches registered in Scotland

The Registrar of Companies
Companies House
37 Castle Terrace
Edinburgh
EH1 2EB